

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		6	5 26 06
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
= ..... Allowed                        I ..... Interference  
- (Through numeral)... Canceled        A ..... Appeal  
÷ ..... Restricted                      O ..... Objected

Claim	Date
Final	
Original	
1	5/12
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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